Gaisce Participant Consent Form

*(For participants aged 17 years and younger)*

Please use BLOCK CAPITALS

Gaisce – The President’s Award is the National Challenge Award from the president of Ireland to young people between the ages of 15-25. In order to achieve a Gaisce Award, a participant must engage in four separate activities; a community involvement, a personal skill, a physical recreation and an adventure journey. Please visit our website for more information on all activities

To (*name of organisation*) **Carndonagh Community School, Co.Donegal**

I am the parent/legal guardian of Student’s/Child’s Date of Birth

Name of President’s Award Leader

(PAL) **Mr.Niall McGee**

Student’s Special Medical Needs (if any)

Name of GP

GP’s Telephone Number Emergency Contact number

# Pupil Email Address:

# Parent/Guardian Email Address:

# Authorised to Treat Minor

In the event that I cannot be reached in an emergency, I hereby permit the concerned authorities to call 999 and/or to contact a medical facility or physician selected by the school to provide proper treatment to (*student’s name*)

and that I will be responsible for all expenses arising in the association with such treatment.

# Prescription or Over-the-counter Medication

I certify that I have in my file in the school office, a current profile enlisting necessary medication that must take.

I hereby acknowledge that I have been notified whether or not the activities involved in this field trip are considered to be of ‘high risk’ to the participants

I grant my permission for my child named above to participate in Gaisce – The President’s Award

Signed Date